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Bib Data Sheet

CONFIRMATION NO. 1392

SERIAL NUMBER 10/001,960	FILING DATE 12/05/2001  RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 12013/58901
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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *None KCS*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *None KCS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/05/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY IRELAND	SHEETS  DRAWING 4	TOTAL  CLAIMS 29	INDEPENDENT  CLAIMS 4
35 USC 119 (a-d) conditions met Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>KCS</i>	Initials		

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## TITLE

METHOD, TOOL, AND SYSTEM FOR DEPLOYING AN IMPLANT INTO THE BODY

FILING FEE  RECEIVED 1802	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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